

# About 160 Cambridge Health Alliance clinicians form a union

By [Dana Gerber](#) Globe Staff, Updated November 21, 2024, 25 minutes ago

A view of CHA Cambridge Hospital. JONATHAN WIGGS/GLOBE STAFF

Adding to the steady drumbeat of health care labor organizing in New England, about 160 clinicians at Cambridge Health Alliance on Thursday informed the state that they were forming a union to push back against what they say have become unsustainable, burnout-inducing working conditions.

The bargaining unit includes physicians, psychologists, and physician associates in a range of fields at the safety-net health system. Also known as CHA, the system runs the CHA Cambridge Hospital and CHA Everett Hospital, as well as a cluster of primary care practices in the metro-north area.

Unlike many other unionization efforts, the one by CHA clinicians is not focused on pay or benefits, said Andrea Caceres, an organizer with SHARE, the union that is representing the organizing CHA workers. Instead, they hope to have more of a say in procedures and standards, especially when it comes to patient-facing work.

“The bigger goal is really based on reshaping the health care system so that those who are providing direct care to patients can bring their experience and expertise to the table,” said Caceres.

In a statement, Cambridge Health Alliance spokesperson David Cecere confirmed that the health system has met with representatives of the new union, dubbed SHARE CHA, several times.

“Once certified, we will bargain in good faith as we do with our other unions,” the statement said.

Clinicians who are forming the union say discontent has grown steadily over the past several years, as the health care system has weathered financial struggles, layoffs, and other structural changes that they say have affected their ability to adequately care for patients. In a letter to CHA’s board of trustees, the union said members were concerned about the health system’s “top-down command-and-control style of leadership.”

“One of our main concerns is that the decisions about how we care for our patients are increasingly being made by health care administrators and not by clinicians,” said Emily Chen, a primary care physician with CHA.

One of clinicians’ key grievances is ballooning caseloads and a rigid scheduling procedure that governs them, called a “template.” Jeremy Stricsek, a primary care family doctor and hospitalist at CHA Everett Hospital, said he is expected to see 18 to 20 patients during an eight-hour shift.

“I’ve been finding the choice is I can either provide care that I feel good about, or

I can run on time,” he said.

Cecere, the CHA spokesperson, said that “our provider expectations are within their existing contractual obligations and consistent with industry standards.”

But clinicians say the screws have tightened. Drew Madore, a psychologist in the outpatient department at CHA’s Cambridge and Malden locations, said these rigid time allotments don’t allow him the flexibility he needs to see patients when they are most in need, such as when they are released from hospitalization.

“When I’m being asked to pack my schedule completely, completely full, that leaves no room for when I have a suicidal patient who needs a second session that week,” he said.

Madore added that “the tyranny of the template,” as he calls it, has forced him to provide “subprime care,” such as reducing a patient to every-other-week appointments when he thinks they are still in need of weekly sessions.

“It feels like I’m being put in a position of doing unethical clinical practice,” he said. “And when we say that, there’s basically just no response.”

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Driving this pressure, clinicians say, is a consulting firm the health system hired to right its financial ship but which practitioners say is prioritizing efficiencies and metrics over quality of care. And while clinicians say they understand the difficult financial circumstances facing CHA, they want their voices to outrank

those of outside advisers.

“We know that there’s challenging times ahead and that we’re going to all have to make hard choices,” said Stricsek. “But if we can do that together, I think we will feel much better about that.”

CHA hired the consulting firm, said Cecere, to assist in the “systemwide financial improvement initiative” it launched last year.

“The work is part of a comprehensive initiative looking at ways to improve access and equity, streamline our structures and systems, and improve processes and tools so we operate more effectively,” he said.

Like many health systems in Massachusetts, Cambridge Health Alliance has faced a difficult financial environment lately, driven by “inflationary cost growth, industrywide workforce shortages, and stagnant reimbursement rates,” Cecere said. [Last year, the system underwent significant job cuts and layoffs.](#) This year, 13 employees have been laid off, said Cecere, none of whom were providers.

CHA is a “high public payer” hospital system, meaning most of its revenue comes from patients who are insured by government programs such as Medicare and Medicaid, which often carry lower reimbursement rates. CHA’s budget for the current fiscal year has an expected loss of \$34 million from core services, Cecere said, consistent with the prior fiscal year. He added that “in both years we have been able to cushion the impact through non-recurring funding sources.”

Caceres, the SHARE organizer, said one of the goals of the new union would be for clinicians to participate in “joint lobbying” with state politicians to increase

reimbursement rates.

The unionization comes on the heels of [a similar effort by nearly 300 primary care physicians at Mass General Brigham](#) earlier this week, with doctors there also citing “burnout” and the “corporatization of medicine” as their reasons for organizing. [Residents and fellows in Rhode Island](#) are also in the midst of unionizing for higher pay and benefits, as well as other workplace changes.

Lia Rosenberg, a physician associate at CHA Cambridge Family Health North, said the unionizations are a testament to the pressures that have been squeezed clinicians across the health care landscape.

“I think there’s a pretty loud response to these changes that have been made that have been really, really challenging for us as providers,” she said. “I think we’re part of that collective voice”

This is far from the first time a union has come to CHA, with 13 bargaining units working with the health system, Cecere said. Just last month, residents and fellows at CHA, represented by the Committee of Interns and Residents, an SEIU local, [ratified a new contract after months of negotiations](#).

SHARE, a branch of the American Federation of State, County & Municipal Employees union, also represents many employees at the UMass Memorial Health system and the UMass Chan Medical School in Central Massachusetts, as well as a small group of social workers and behavioral health paraprofessionals at CHA.

Caceres, the SHARE organizer, said the new bargaining unit at Cambridge

Health Alliance represents about 70 percent support among the 230 CHA employees eligible to join the union.

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